

Provider Insider

Alabama Medicaid Bulletin

May 2007

The checkwrite schedule is as follows:

05/11/07 05/25/07 06/08/07 06/22/07 07/06/07 07/20/07

As always, the release of direct deposits and checks depends on the availability of funds.

The New Medicaid Claims Processing System Date Has Been Postponed

The implementation of the new Medicaid claims processing system has been postponed. Look for the new implementation date in upcoming issues of the Provider Insider.

What you MUST do:

1. Continue to use the current claim submission methods with your current provider number until the new implementation date. Claims or other transactions submitted using the National Provider Identifier (NPI) numbers shall not be accepted until the implementation of the new claims processing system.
2. Continue to use the current UB-92 and the current CMS-1500 claim form. Paper claims submitted on the new claim forms shall be returned to the provider without being processed.

Rescheduling of this date will allow additional testing of the new system.

Provider training for the new Medicaid claims processing system will be held throughout the state in August. Invitations will be sent prior to the training.

The new Medicaid claims processing system, called interChange, will feature a fully functional web portal and will be fully NPI compliant. If you have not already sent in your NPI information to EDS, please do so immediately. The information can be found on the Medicaid website at:

<http://www.medicaid.alabama.gov/billing/NPI.aspx?tab=6>

Future notifications regarding cutoff dates and changes associated with new Medicaid claims processing system may be found at www.medicaid.alabama.gov. If you have questions regarding this delay, please contact your provider representative at 1-800-688-7989.



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Pass It On!

**Everyone needs to know
the latest about Medicaid.
Be sure to route this to:**

- ☐ Office Manager
- ☐ Billing Dept.
- ☐ Medical/Clinical Professionals
- ☐ Other _____

Billing Refractions for Dual Eligibles

Procedure Code 92015 (Refraction) should be billed by itself, for dually eligible (Medicare and Medicaid) recipients. The claim for refraction may be billed electronically or on a paper CMS 1500 claim form. This code is identified as Medicare Exempt and as such should not be filed on a Medicare Crossover claim form, and should not be filed on the same claim form with other procedure codes that are covered by Medicare.

Modifier "76"

Modifier "76" is used for repeat procedures only and should not be billed unless the procedure is actually a repeat procedure. This modifier should never be billed to obtain additional billing units for procedures that have restricted billing units (example; injectable drugs). Providers that have used this modifier inappropriately in the past should adjust those claims, and note that this issue is subject to post payment review and recovery.

Place of Service Restrictions for Physicians Billing Injectable Drugs

When physicians order drugs in an outpatient (POS 22), inpatient (POS 21), and emergency room (POS 23) setting, the physician should not bill for the injectable drug(s) as the facility will bill for the medication. This practice represents a duplication of service and is subject to post payment recovery.

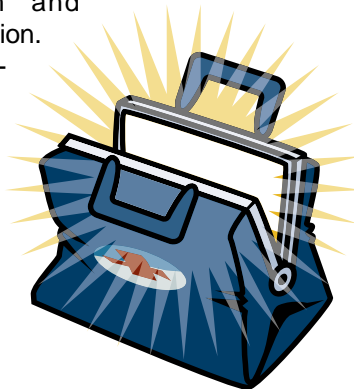


www.medicaid.alabama.gov

Distinct Procedural Service (Modifier 59)

Modifier 59 may be used to indicate a service was performed on the same date of service but was distinct from the primary service provided the same day. Examples of when Modifier 59 would be appropriate to use include (but not limited to), different procedure or surgery, different site or organ system, separate incision/excision, which would not ordinarily be performed on the same day by the same physician.

Medical record documentation and diagnoses must support Modifier 59 utilization. When diagnoses alone do not support appropriate Modifier 59 utilization, the claim will be denied. When receiving a Modifier 59 or Multiple Surgery denial, a paper claim with an attached Operative Report (record "Op Report Attached" in block 19) must be submitted to EDS for reconsideration. The reconsideration should occur before a written appeal is made to the Alabama Medicaid Agency.



EXAMPLES

- Surgical debridement/shaving is normally considered an integral part of the primary surgical procedure (bundled). However, there are times when the debridement/shaving occurs at a different site or location during the same surgical session and it may be necessary to append a Modifier 59 to indicate a "separate and distinct service."
- When filing for a secondary procedure code 29877 for bilateral debridement/shaving of articular cartilage electronically, append Modifier RT (right) and Modifier 59 on the first line and on the second line append Modifier LT (left) and Modifier 59. Diagnoses must support the procedures billed.
- If the electronic claim rejects, then a paper claim (indicating RT/LT with mod. 59) should be forwarded to EDS, with the appropriate OP Report attached. The paper claim form should have block 19 marked indicating that the Op Report is attached.

Important Mailing Addresses

All Claim forms, Consent forms, and other mail	EDS Post Office Box 244032 Montgomery, AL 36124-4032
Inquiries, Provider Enrollment Information, and Provider Relations	EDS Post Office Box 241685 Montgomery, AL 36124-1685
Adjustments	EDS Post Office Box 241684 Montgomery, AL 36124-1684

EDS Provider Representatives

G R O U P 1



sharmira.parker

@eds.com
334-215-4142

Nurse Practitioners
Podiatrists
Chiropractors
Independent Labs
Free Standing Radiology
CRNA
EPSDT (Physicians)
Dental
Physicians
Optometric
(Optometrists and Opticians)



misti.nichols

@eds.com
334-215-4113

G R O U P 2

Rehabilitation Services
Home Bound Waiver
Therapy Services (OT, PT, ST)
Children's Specialty Clinics
Prenatal Clinics
Maternity Care
Hearing Services
Mental Health/Mental Retardation
MR/DD Waiver
Ambulance
FQHC



laquita.thrasher

@eds.com
334-215-4199

Public Health
Elderly and Disabled Waiver
Home and Community Based Services
EPSDT
Family Planning
Prenatal
Preventive Education
Rural Health Clinic
Commission on Aging
DME
Nurse Midwives



karen.hutto

@eds.com
334-215-4158

G R O U P 3

Ambulatory Surgical Centers
ESWL
Home Health
Hospice
Hospital
Nursing Home



holly.howe

@eds.com
334-215-4130



ann.miller

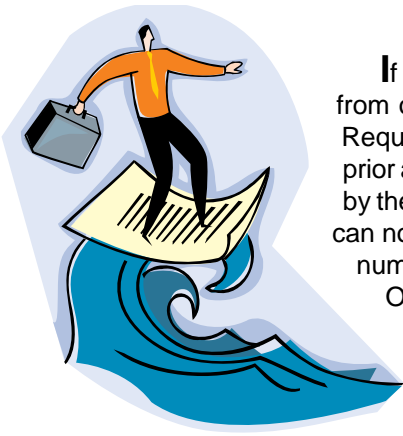
@eds.com
334-215-4156



shermeria.hardy

@eds.com
334-215-4160

Personal Care Services
PEC
Private Duty Nursing
Renal Dialysis Facilities
Swing Bed



Releasing the Prior Authorization Number

If a recipient in a target group requiring prior authorization requests to change case managers from one agency to another, the Target Case Management (TCM) provider must complete a Request for Interagency Transfer form. It is imperative that the transferring agency release the prior authorization number along with completing the Interagency Transfer form when requested by the receiving agency. Without a completed Interagency Transfer form, the receiving provider can not bill for TCM services in a timely manner. This form authorizes EDS to reassign the PA number to the receiving agency providing the continuation of case management services.

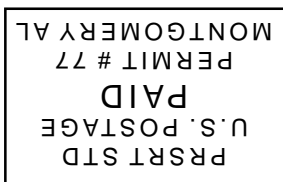
Obtain the Request for Interagency Transfer forms from the Alabama Medicaid Agency, 501 Dexter Avenue, P.O. Box 5624, Montgomery, AL 36103-5624.

Reminder of Timely Submission of Prior Authorization Requests

Prior authorization request for purchase, rental, or recertification of DME must be received by Medicaid's Fiscal Agent within thirty calendar days of the signature date the equipment was dispensed.

If a prior authorization request is denied with code D-24 (inadequate information justifying medical necessity), this information must be received within thirty days from the date the information was requested. If additional information is not received within thirty days the prior authorization request will remain denied.

If you have any additional questions or need further clarification, please contact Ida Gray, at (334)-353-4753.



Post Office Box 244032
Montgomery, AL 36124-4032